
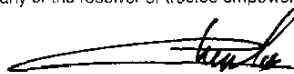


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 033 ****50.00

DOCUMENT # L05000006074					
1. Entity Name LEGO INVESTMENTS LLC					
Principal Place of Business 16300 NE 19TH AVENUE, SUITE 240 NORTH MIAMI BEACH, FL 33162			Mailing Address 16300 NE 19TH AVENUE, SUITE 240 NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc. <i># 217</i>		Suite, Apt. #, etc. <i># 217</i>			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent VIVIES, PATRICK 700 E. DANIA BEACH BLVD., SUITE 202 DANIA, FL 33004			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>16300 NE 19th Ave</i> <i>suite # 217</i> City <i>N. Miami Bch</i> FL Zip Code <i>33162</i>		
4. FEI Number <i>20-2195036</i>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHEMIA, MAEL 16300 NE 19TH AVENUE, SUITE 240 NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>same / suite # 217</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRIEF, FITZGERALD 16300 NE 19TH AVENUE, SUITE 240 NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>same / suite # 217</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date <i>4/15/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					